Shaws

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	SIAIEMENI
CHECK ONE:		DR-1	OF OF OR ONLY
☐ This is an initial* Statement of Organization ☐ This is an amended* Statement of Organization	Reset Form	(Rev. 04/2008)	ORGANIZATION
*An initial Statement of Organization must be filed within 10 days of the co	ommittee's accepting contributions.	For Office Use Comm. #	1832
making expenditures, or incurring indebtedness exceeding \$750. Amenda	ments must be filed within 30 days of	Indexed	
a change. Penalties may be imposed for late-filed Statements of Organiz committee that exceeds \$750 in activity for another office shall file within:		Audited Computer	1 + W8-5
DR-1 disclosing information concerning the campaign for the new office so		Computer	7 10102
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	he candidate's last name in the name of	of the committee.)	
Committee to Elect Tom Shaw			
IMPORTANT: Indicate type of committee you are reporting for: 1	1		
(1)Statewide/Legislative/Judge Standing for Retention Candidate (5)County Candidate (6)City Candidate (7)School Board or Other	2)Statewide PAC (3)State Party (4	County Central Co	mmittee
(10) School Board or Other Political Subdivision PAC (11) Local Bu			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mane	inton, avant for a c	andidate's committee
Name Jana Shaw	Name Michael Diischer	satory except for a c	andidate s Committee)
Majing-Address ↓ ↓	Mailing Address ↓ ↓		
City State ta 50592 Code 1	City State nas IA 50574	,	
Phone (712) 841-4296	Phone (712) 335-4763		· · · · · · · · · · · · · · · · · · ·
e-Mail dshaw01@laurens-ia.com	e-Mail michael_diischer@		
INDICATE PURPOSE OF COMMITTEE - Check One Box 2 A	dvocate for/against candidate(s)	vivocate for ballot iss	ue(s)
Comment or description:		Advocate against balic	ot issue(s)
All Candidates Enter: Office Sought: State Representative	County/Local Candidates	ang Local Ballot Co	mmittees Enter:
Political Party (if applicable) Republican	County: (If active in multiple ballot is:	ava alasticas attach l	int of counting
District: 8		oue elections, attach i	ial of Courilles
Year Standing for Election: 2010	Date of Election:		
Panis Annum Name (milet malet assertite assertite			
Bank Account Name (must match committee name)	Candidate name & Address or		
↓↓	+ +	Parent Entity (PACs, Affiliate, or Sponsor	
↓↓ Committee to Elect Tom Shaw	↓↓ Tom Shaw		
Committee to Elect Torn Shaw Name of Financial Institution/type of Account ↓ ↓	↑ ↓ Tom Shaw Mailing Address ↓ ↓		
Committee to Elect Tom Shaw Name of Financial Institution/type of Account Laurens State Bank	Tom Shaw Mailing Address 341 S 1st St	Affillate, or Sponsor	
Committee to Elect Tom Shaw Name of Financial Institution/type of Account Laurens State Bank Mailing Address	Tom Shaw Mailing Address	Affiliate, or Sponsor	2010 F Zp + B
Committee to Elect Torn Shaw Name of Financial Institution/type of Account Laurens State Bank Mailing Address 102 S 3rd St, PO Box 136	Tom Shaw Mailing Address	Affillate, or Sponsor	Zip + 66 50554 - 50554 -
Committee to Elect Torn Shaw Name of Financial Institution/type of Account Laurens State Bank Mailing Address 102 S 3rd St, PO Box 136 City State Zip	Tom Shaw Mailing Address	Affiliate, or Sponsor State ↓ ↓ IA	ZIP + B S0554 - 2
Committee to Elect Torn Shaw Name of Financial Institution/type of Account Laurens State Bank Mailing Address 102 S 3rd St, PO Box 136	Tom Shaw Mailing Address	Affiliate, or Sponsor State ↓ ↓ IA	ZIP + B SO554 SO554 P
Committee to Elect Torn Shaw Name of Financial Institution/type of Account Laurens State Bank Mailing Address 102 S 3rd St, PO Box 136 City State Zip	Tom Shaw Mailing Address	Affiliate, or Sponsor State ↓ ↓ IA	2010 F B - 2 PM
Committee to Elect Tom Shaw Name of Financial Institution/type of Account Laurens State Bank Mailting Address	Tom Shaw Mailing Address	Affiliate, or Sponsor State ↓ ↓ IA	2010 FEB - 2 PH 2: (
Committee to Elect Torn Shaw Name of Financial Institution/type of Account Laurens State Bank Mailting Address 102 S 3rd St, PO Box 136 City State State Tay State Sta	Tom Shaw Mailing Address	State ↓ ↓ IA 0.com	2010 F.B - 2 PM 2: 02
Committee to Elect Tom Shaw Name of Financial Institution/type of Account Laurens State Bank Mailting Address	Tom Shaw Mailing Address	State ↓ ↓ IA 0.com	2010 F.B - 2 PM 2: 02
Committee to Elect Tom Shaw Name of Financial Institution/type of Account Laurens State Bank Mailing Address 102 S 3rd St, PO Box 136 City	Tom Shaw Mailing Address	State ↓ ↓ IA 0.com	Zip + B SURE SOURE SOURCE THE REQUIRED CHEEN THE REQUIRED CHEEN CHEEN THE REQUIRED CHEEN C
Committee to Elect Tom Shaw Name of Financial Institution/type of Account Laurens State Bank Mailing Address 102 S 3rd St, PO Box 136 City State State IA State State State State Tip Laurens STATEMENT OF AFFIRMATION: By filing this document the committee at 1. The committee and all persons connected with the committee understand the rules in Chapter 351 of the lower Administrative Code.	Tom Shaw Mailing Address	State ↓ ↓ IA 0.com	Zip + B SURE SOURE SOURCE THE REQUIRED CHEEN THE REQUIRED CHEEN CHEEN THE REQUIRED CHEEN C
Committee to Elect Tom Shaw Name of Financial Institution/type of Account Laurens State Bank Mailing Address 102 S 3rd St, PO Box 136 City	Tom Shaw Mailing Address	State ↓ ↓ IA 0.com ode chapters 68A and these reports on or beforessessment of a civil per	Zip 186 S S S S S S S S S S S S S S S S S S S
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